

***USAREUR Regulation 385-40**

Safety

Accident Reporting and Records

5 June 2002

***This regulation supersedes USAREUR Regulation 385-40, 14 November 2000.**

For the Commander:

ANTHONY R. JONES
Major General, GS
Chief of Staff

Official:



MARILYN A. QUAGLIOTTI
Brigadier General, GS
Deputy Chief of Staff,
Information Management

Summary. This regulation--

- Prescribes policy on accident reporting and recordkeeping procedures in USAREUR.
- Provides supervisory responsibilities for reporting local national (LN) accidental injuries and occupational illnesses to the *Bundesausführungsbehörde für Unfallversicherung (BaFU)* (Federal Accident Insurance Agency).
- Gives instructions for completing AE Form 385-40A (*Unfallanzeige* (LN Accident Report)) and AE Form 385-40B (*Anzeige des Unternehmers über eine Berufskrankheit* (Report of the Employer Regarding an Occupational Illness)).

Summary of Change. This revision adds the Commanding General, Seventh Army Training Command, as an appointing authority for accident boards (para 6a).

Applicability. This regulation applies to--

- U.S. Army soldiers.
- U.S. Army Reserve and National Guard soldiers.
- Department of the Army civilian employees (appropriated fund) in USAREUR.
- Appropriated- and nonappropriated-fund LN employees of U.S. agencies in Germany.
- Mobilized soldiers and civilian employees.

Supplementation. Commanders will not supplement this regulation without CG, USAREUR/7A (AEAGA-S), approval.

Forms. This regulation prescribes AE Form 385-40A (*Unfallanzeige* (LN Accident Report)) and AE Form 385-40B (*Anzeige des Unternehmers über eine Berufskrankheit* (Report of the Employer Regarding an Occupational Illness)). USAREUR and higher-level forms (printed and electronic) are available through the USAREUR Publications System (UPUBS).

Records Management. Records created as a result of processes prescribed by this regulation will be identified, maintained, and disposed of according to AR 25-400-2. File numbers and descriptions are available on the United States Army Records Management and Declassification Agency website at <http://www.rmda.belvoir.army.mil>.

Suggested Improvements. The proponent of this regulation is the Office of the Deputy Chief of Staff, Personnel and Installation Management, HQ USAREUR/7A (AEAGA-S, 370-7751/8124). Users may suggest improvements to this regulation by sending a DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the Commander, USAREUR/7A, ATTN: AEAGA-S, Unit 29351, APO AE 09014.

Distribution. C (UPUBS). This regulation is available only in electronic format.

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1. PURPOSE

This regulation--

- a. Prescribes policy and procedures and assigns responsibilities for initial notification, investigating, reporting, and submitting reports of Army accidents and incidents, including local national (LN) employee accidents in Germany.
- b. Complies with DOD Instruction 6055.7 for accident reporting.
- c. Identifies accident-cause factors, system deficiencies, and personnel and monetary losses.

2. REFERENCES

Appendix A lists references.

3. EXPLANATION OF ABBREVIATIONS AND TERMS

The glossary defines abbreviations and terms.

4. RESPONSIBILITIES

a. The Safety Division, Office of the Deputy Chief of Staff, Personnel and Installation Management, HQ USAREUR/7A, will--

(1) Develop USAREUR policy for reporting accidents.

(2) Notify the United States Army Safety Center of all class-A and -B ground and class-A through -C aviation accidents in USAREUR.

(3) Coordinate host-nation (HN) participation in accident-investigation boards (para 6e).

b. Appointing authorities (para 6a) will select attendees for accident-investigation boards according to AR 385-40 and this regulation.

c. Commanders at all levels will--

(1) Report class-A and -B and class-A through -C aviation accidents (para 5).

(2) Develop preaccident plans (para 10).

5. REPORTING

a. Commanders will report class-A and -B on-duty ground and class-A through -C aviation accidents immediately through the appropriate chain of command by telephone to the Safety Division, Office of the Deputy Chief of Staff, Personnel and Installation Management (ODCSPIM), HQ USAREUR/7A (AEAGA-S), using DA Form 7305-R (Telephonic Notification of Aviation Accident/Incident) for aviation accidents and DA Form 7306-R (Telephonic Notification of Ground Accident) for ground accidents.

(1) The Safety Division, ODCSPIM, will notify the United States Army Safety Center (USASC) using the same forms, as appropriate.

(2) The unit will provide an information copy of the accident report to the unit's major Army command, if other than USAREUR.

b. Completed class-A and -B on-duty ground and class-A through -C aviation accident reports will be forwarded to the Safety Division, ODCSPIM, within 60 days after the date of the accident.

c. Appendix B provides procedures for reporting accidental injuries and occupational illnesses of LN employees to the Federal Accident Insurance Agency in Germany. Instructions for completing AE Form 385-40A (*Unfallanzeige* (LN Accident Report)) and AE Form 385-40B (*Anzeige des Unternehmers über eine Berufskrankheit* (Report of the Employer Regarding an Occupational Illness)) are also included in the appendix.

6. ACCIDENT BOARDS

a. Appointing authorities for all on-duty class-A and -B ground and class-A through -C aviation-accident boards are designated as follows:

(1) Commanding General (CG), V Corps.

(2) CG, 21st Theater Support Command.

- (3) CG, United States Army Southern European Task Force (Airborne).
- (4) CG, 1st Infantry Division.
- (5) CG, 1st Armored Division.
- (6) CG, 3d Corps Support Command.
- (7) CG, 7th Army Training Command (7ATC).
- (8) Area support group (ASG) commanders.
- (9) Task force commanders who have general court-martial convening authority (GCMCA).

NOTE: The Deputy Chief of Staff, Operations, USAREUR, will be the appointing authority for all other accident boards. Boards should be appointed and briefed within 24 hours after accidents occur according to AR 385-40.

b. The CG, USAREUR/7A, will be the approving authority for boards appointed by the CG, 7ATC, and by ASG commanders. The appointing authority for all other on-duty class-A and -B ground and class-A through -C aviation accident boards will be the approving authority.

c. The safety office of the appointing authority will complete an administrative review of all accidents not investigated by USASC boards before the chain-of-command review to ensure the investigation complies with DA Pamphlet 385-40.

d. A civilian safety specialist (pay plan and occupational code GS-018 or GS-803) will be appointed as an adviser to all ground accident-investigation boards. If a civilian safety specialist is not available, an aviation safety officer or unit safety officer or noncommissioned officer (NCO) that has completed a 40-hour safety officer and NCO course (SOC 40) will be appointed. An aviation safety officer (military or civilian) will be appointed to accident-investigation boards for all class-A through -C aviation accidents.

e. Military or civilian HN authorities may be required by the Status of Forces Agreement (SOFA) or standardization agreement (STANAG), as appropriate, to take part in Army accident investigations as nonvoting members. On notification, the Safety Division, ODCSPIM, will coordinate attendance with the *Allegmeine Flugsicherheit in der Bundeswehr* (German office for aviation accidents) or *WV IV5 Bundesministerium der Verteidigung* (German office for ground accidents).

f. For all on-duty class-A and other selected accidents, accident-board presidents will brief the CG, USAREUR/7A, or a designated representative within 30 days after the accident date. Coordination for the date and time of the briefing will be completed with the Safety Division, ODCSPIM (370-8084).

g. On-duty class-A and -B accidents involving Department of the Army civilian or LN employees employed by the Army (excluding contractor personnel) will be investigated using the same criteria as on-duty class-A and -B accidents involving soldiers. Accident-board reports will be completed using the same criteria as accident-board reports involving soldiers, however, the appropriate Department of Labor (DOL) or LN employee accident-report forms (app A) will replace the DA Form 285-A-R (U.S. Army Accident Report Index) in the reports. DOL and LN employee forms are available through local safety offices.

h. Off-duty class-A and -B accidents will be reported according to AR 385-40. After every privately-owned-vehicle (POV) accident involving a fatality or serious injury, commanders will--

- (1) Assess the accident with the casualty's chain of command.
- (2) Determine what happened and how it could have been prevented.
- (3) Take corrective measures to prevent similar accidents.

(4) Publicize lessons learned. A copy will be sent through the chain of command to the Safety Division, ODCSPIM. The DA Form 285-AB-R (U.S. Army Abbreviated Ground Accident Report), block 39, must include three paragraphs: preaccident phase, accident phase, and postaccident phase (DA Pam 384-40).

7. AUTOMATED ABBREVIATED GROUND ACCIDENT REPORT SYSTEM

The Automated Abbreviated Ground Accident Report System (AAGARS) should be used to document class-C and -D ground accidents. An information copy of completed accident reports, preferably through AAGARS (<https://www.5sigcmd.army.mil/DownLN/aagars.htm>), will be forwarded through command channels to the Safety Division, ODCSPIM.

8. BIOCHEMICAL TESTING

Biochemical (blood and urine) testing will be performed on all personnel involved in or contributing to class-A, -B, or -C aviation accidents and on-duty class-A or -B ground accidents. Collection, marking, packing, shipment, and analysis will be according to DA Pamphlet 385-40, appendix E. The following specimens will be collected according to AR 40-21:

- a. Serum: 15-20 ml (no preservatives) (unhemolyzed).
- b. Blood: 15-20 ml (sodium fluoride or ethylenediamine tetraacetic acid (EDTA)).
- c. Urine: 50 ml is optimum (no preservatives).

9. MULTINATIONAL ACCIDENTS

a. When accidents or incidents involve U.S. equipment, facilities, or personnel and other national military forces, appointing and approving authorities and reporting requirements remain the same.

b. U.S. Army commanders in separate United Nations or NATO organizations or facilities will--

(1) Develop procedures for notifying the appropriate agencies of other countries involved in accidents.

(2) Safeguard wreckage in an undisturbed condition and request HN authorities to help secure the accident site until the proper accident-investigation board completes the field investigation. If the wreckage must be moved, site documentation must be made with photographs, drawings, maps, and diagrams.

c. Non-U.S. personnel may be invited to take part in U.S. Army accident investigations as nonvoting members. If equipment, facilities, or personnel from allied nations caused or contributed to the accident, that nation will be notified and invited to take part in the investigation as a nonvoting member.

d. Release of information about the accident to non-NATO members will be according to the STANAG No. 3101, Exchange of Safety Information Concerning Aircraft and Missiles, and approved by the USASC.

10. PREACCIDENT PLAN

Commanders will develop effective preaccident plans to be used in case of aviation and ground accidents in both garrison and field environments. These plans will prevent further injury or loss of life, unnecessary damage to property, establish coordination requirements at the accident site and immediate notification procedures (AR 385-40 and DA Pam 385-1).

a. Preaccident plans will--

(1) Prevent further injury or loss of life, unnecessary damage to property, and establish coordination requirements at the accident site and immediate notification procedures (AR 385-40 and DA Pam 385-1).

(2) Include control measures to protect personnel from accident-site hazards. Accident-site hazards include, but are not limited to--

(a) Toxic substances.

(b) Biological hazards (bloodborne pathogens).

- (c) Pressurized containers.
- (d) Mechanical hazards (for example, sharp edges on equipment).
- (e) Fire.
- (f) Radiation.
- (g) Hazardous cargo.
- (h) Natural hazards present at the site of the accident (for example, spiders, snakes, animals).
- (i) Advanced composite materials (for example, graphite, Kevlar, fiberglass).

b. The unit's preaccident plan will also outline the issue, use, and disposal of personal protective equipment for all exposed personnel at the accident site.

11. RECOMMENDED AVIATION ACCIDENT-INVESTIGATION TOOLKIT

Appendix C provides procedures for an aviation accident-investigation toolkit.

APPENDIX A REFERENCES

SECTION I PUBLICATIONS

German Accident Prevention Regulation, Number 109

DOD Instruction 6055.7, Mishap Investigation, Reporting, and Record Keeping

AR 25-400-2, The Modern Army Record Keeping System (MARKS)

AR 40-21, Medical Aspects of Army Aircraft Accident Investigation

AR 385-40, Accident Reporting and Records

DA Pamphlet 385-1, Small Unit Safety Officer/NCO Guide

DA Pamphlet 385-40, Army Accident Investigation and Reporting

SECTION II FORMS

DOL Form CA-1 (Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation)

DOL Form CA-2 (Notice of Occupational Disease and Claim for Compensation)

DOL Form CA-6 (Official Superior's Report of Employee's Death)

DA Form 285-A-R (U.S. Army Accident Report Index)

DA Form 285-AB-R (U.S. Army Abbreviated Ground Accident Report (*AGAR*))

DA Form 7305-R (Telephonic Notification of Aviation Accident/Incident)

DA Form 7306-R (Telephonic Notification of Ground Accident)

AE Form 385-40A (*Unfallanzeige* (LN Accident Report))

AE Form 385-40B (*Anzeige des Unternehmers über eine Berufskrankheit* (Report of the Employer Regarding an Occupational Illness))

APPENDIX B

REPORTING ACCIDENTAL INJURIES AND OCCUPATIONAL ILLNESSES OF LOCAL NATIONAL EMPLOYEES TO THE FEDERAL ACCIDENT INSURANCE AGENCY

B-1. GENERAL

The *Bundesausführungsbehörde für Unfallversicherung (BaFU)* (Federal Accident Insurance Agency) acts on behalf of Germany as the accident-insurance carrier for local national (LN) employees of the U.S. Armed Forces. LN employees seeking treatment for an on-the-job injury, occupational illness, or accidental injury while commuting to or from work may visit the physician of their choice. The doctor, the employer, or employees of the *Krankenkasse* (social insurance office) will refer these employees to an occupational medical specialist or *Durchgangsarzt* (D-doctor) when any of the following apply:

- a. The injury results in a work-disabling condition.
- b. Treatment will last more than a week.
- c. The employee will require medical treatment for a complication resulting from an earlier on-the-job injury.

B-2. U.S. GOVERNMENT

The U.S. Government is self-insured. It reimburses the German Government for disbursements paid for medical treatment provided to LN employees by physicians for accidental injuries and occupational illnesses.

B-3. EMPLOYEE RESPONSIBILITIES

- a. LN employees must report the following incidents immediately to their supervisor:

- (1) Injuries resulting from on-the-job accidents.
- (2) Injuries resulting from accidents while commuting to or from work that require medical treatment.
- (3) Occupational illnesses that require medical treatment (after determination by a competent physician).
- (4) Queries or questionnaires from the *BaFU* pertaining to accidents or occupational illnesses.

- b. LN employees that receive a *BaFU* inquiry or questionnaire (a(4) above) will contact the local safety office for assistance.

B-4. ACCIDENT INVESTIGATION

- a. When there is an LN employee accident or occupational illness, the employee's supervisor or designated representative in the supervisory chain of command will conduct an investigation to determine the causes and factors that contributed to the accidental injury or occupational illness. The following personnel will participate in the investigation:

- (1) A representative of the local works council.
- (2) An appointed LN *sicherheitsbeauftragter* (safety representative) of the unit, activity, or organization.
- (3) A *schwerbehindertenvertrauensmann* (severely handicapped employee's representative) when a severely handicapped employee is injured.
- (4) A safety specialist from the local safety office.

- b. The first lieutenant colonel (or civilian equivalent (GS13)) in the employee's supervisory chain of command will review each job-related accident or occupational illness to ensure appropriate actions are taken to eliminate causes.

B-5. REPORTING PROCEDURES

a. Reporting an on-the-job or accidental injury or occupational illness to the *BaFU* depends solely on the medical treatment rendered, not the number of days or hours the LN employee is absent from work. Submitting AE Form 385-40A (*Unfallanzeige* (LN Accident Report)) or AE Form 385-40B (*Anzeige des Unternehmers über eine Berufskrankheit* (Report of the Employer Regarding an Occupational Illness)) does not confirm the occurrence of a work-related injury or occupational illness. Only the *BaFU* has the authority to make that determination. All relevant information should be provided with the report to help the *BaFU* make a determination.

b. An early report of an on-the-job injury, accidental injury, or occupational illness is in the best interest of the employee. The sooner the *BaFU* is informed of an injury or illness, the sooner it can provide services, such as medical treatment, occupational assistance, and monetary benefits to the employee or to the employee's family.

c. The immediate supervisor or designated representative of an LN employee will investigate and report (through command channels) every accident and occupational illness to the safety office within 3 days after notification of the accident or illness by the employee.

(1) On-the-job injuries and accidental injuries that occur while commuting to or from work that require treatment by a doctor will be reported on AE Form 385-40A. Submission of DA Form 285-A-R (U.S. Army Accident Report Index) is not required unless damage to Army property is \$2,000 or more. Figure B-1 provides instructions for filling out AE Form 385-40A.

(2) Occupational illnesses that require treatment by a doctor will be reported using AE Form 385-40B. Figure B-2 provides instructions for filling out AE Form 385-40B. Submission of AE Form 385-40A and DA Form 285-A-R is not required.

(3) The employee's supervisor; works council representative; and a *sicherheitsbeauftragter* (safety representative) must sign all copies of AE Form 385-40A or AE Form 385-40B. The signed form will be submitted to the local safety office for review and distribution within 3 workdays. Distribution will be made according to the distribution listed in the left margin of the form.

(4) An LN employee's supervisor will prepare AE Form 385-40B (*Anzeige des Unternehmers über eine Berufskrankheit* (Report of the Employer Regarding an Occupational Illness)) for--

(a) Any occupational illness that requires medical treatment.

(b) Any occupational illness that makes an LN employee unfit for work or that ends fatally.

(c) Each medical case within 3 days after being informed of the illness.

(5) If an occupational illness comes on suddenly (for example, an accident at work), the supervisor will complete AE Form 385-40B instead of an accident report.

d. On receipt of AE Form 385-40A and AE Form 385-40B, the safety office will ensure the forms are filled out correctly. The following information must be completed as a minimum:

(1) **Absender (Mailing Address).** The correct German civilian mailing address of the reporting unit or activity must be entered in the upper left corner of the form.

(2) **Betriebsnummer (Organizational Accident Identification Code Number (OAICN)).** This number must be entered in block 1.

(3) **Employment Category (Block 4a).** The appropriate block (NAF or APF) must be marked.

(4) **Employed By (Block 4a).** The appropriate agency (U.S. Army, U.S. Air Force, or Army and Air Force Exchange Service (AAFES)) must be marked.

e. The safety office will notify the Safety Division, Office of the Deputy Chief of Staff, Personnel and Installation Management (ODCSPIM), HQ USAREUR/7A (DSN 370-7751/8124 or civ 06221-57-7751/8124), within 24 hours after--

(1) Three or more employees in a single accident sustain disabling injuries.

(2) The death of one or more employees resulting from a single accident.

f. The safety office will telephone the local civilian authority (for example, local police agency, *Amt für Öffentliche Ordnung* (Office for Public Order)) to report any accident that results in the death of an employee.

g. Supervisors will ensure that minor injuries that do not require the doctor's assistance are recorded and kept on file or are posted in the *verbandsbuch* (first-aid record book) according to the German Accident Prevention Regulation Number 109, paragraph 14, available at the local safety office and works council. First-aid record books are available from Karl Heymanns Verlag, KG, Gereonstrasse 18-32, 5000 Köln 1. First-aid records may be maintained in an electronic database. First-aid injury cases will be kept on record for 5 years. A record of first-aid injury will show the following:

(1) First and last name of the injured employee.

(2) Type of injury.

(3) Description of accident circumstances.

(4) Type of first aid rendered.

(5) Name of the person who rendered first aid.

(6) Names of witnesses.

(7) Name of the installation and organization where the accident happened.

(8) Name of the reporting unit.

B-6. BaFU AND WEHRBEREICHsverwaltung INQUIRIES

The *BaFU* or *Wehrbereichsverwaltung (WBV)* may request more information on selected reports. These inquiries will be sent through command channels to the unit or activity that initiated the report. The reporting unit will respond immediately to *BaFU* and *WBV* queries and return them through the same channels.

Enter the German civilian mailing address of the employee's reporting unit in the upper left corner of AE Form 385-40A and complete the form as follows:

Block 1: Accident identification code number. Enter the appropriate organization identification code number of the identified unit.

Block 2: Trade Control Office. Leave blank.

Block 3: Agency number assigned by the labor office. Leave blank.

Block 4: Address of receiver of this notice. The address is preprinted according to the distribution indicated in the left margin of each form. Do nothing in this block.

Block 4a: Employment category/employed by. Check the employee's appropriate employment category (NAF (nonappropriated fund) or APF (appropriated fund)); and check the appropriate block designating the employee's agency (U.S. Army, U.S. Air Force, or AAFES).

Block 5: Name (last, first). Enter the name of the injured employee.

Block 6: Insurance number or date of birth. Enter the employee's numerical date of birth (for example, 16 July 1954 is 16 07 54) in the *Tag* (Day), *Monat* (Month), and *Jahr* (Year) blocks.

Block 7: Address. Enter the *Postleitzahl* (postal code), *Ort* (city), and *Straße* (street address) of the injured employee.

Block 8: Marital status. Mark the appropriate block to indicate employee's marital status: *ledig* (single), *verheiratet* (married), *verwitwet* (widowed), or *geschieden* (divorced).

Block 9: Sex. Mark the appropriate block to indicate the sex of the employee (*männlich* (male) or *weiblich* (female)).

Block 10: Nationality. Enter the employee's nationality.

Block 11: Number of children. Enter the number of the employee's children *unter 18* (under 18 years old) and the number of children between 18 and 25 years old who are attending *soweit noch in Ausbildung* (school or vocational training).

Block 12: In what position is the insured employee regularly employed? Enter the position title (for example, locksmith, payroll clerk). Do not use titles such as laborer or salaried employee.

Block 13: Since when? Enter the *Monat* (month) and *Jahr* (year) of assignment to the position shown in block 12. If unknown, contact the servicing civilian personnel advisory center.

Block 14: In what branch of the organization is the insured person regularly employed? Enter the branch name (for example, motor pool, reproduction room, supply room). Specify its location (for example, locksmith's shop, Directorate of Public Works, Heidelberg).

Block 15: Is the insured person a nonassigned loan helper? Check the *nein* block.

Block 16: Is the insured person a minor or a ward of a trustee or guardian? If yes, enter the name and address of the trustee or guardian. If no, check the *nein* block.

Block 17: Applies only to agencies of the U.S. Armed Forces: (Are earnings paid from appropriated or nonappropriated funds?) Mark the appropriate block, APF (17a) or NAF (17b).

Block 18: Health insurance agency of the insured person (name and location). If the employee is insured by a statutory health insurance and entitled to monetary benefits, enter the name and location of the agency. In other cases, enter the type of insurance providing benefits to the employee (for example, private insurance, insurance of persons receiving retirement or disability pensions, family aid, voluntary insurance with statutory health insurance).

Block 19: Entitlement to continuation of wages or salary. Enter the date that the employee entitlement to continuation of wages ends (*Tag* (day)) and *Monat* (month)).

Block 20: Did the insured person return to duty? If yes, enter the *Tag* (day) and *Monat* (month).

Block 21: Injured body parts. List the injured parts (for example, left lower arm, right foot, left side of head).

Block 22: Nature of injuries. Enter the nature of the injuries (for example, sprain, fracture, burn).

Block 23: Doctor providing initial treatment. Enter the name and address of the doctor who first treated the injured employee.

Block 24: Is the insured person dead? Check *nein* (no) or *ja* (yes).

Block 25: The doctor treating the insured person at the present time. Enter the name and address of the doctor.

Block 26: If the insured employee has been hospitalized, give the name and address of the hospital. Self-explanatory.

Block 27: The time of the accident. Enter the time and date of the accident (for example, if the date and time of the accident was 10 September 2002, at 7:45 a.m., enter 0745100902 (*Stunde, Minute, Tag, Monat, Jahr* (hour, minute, day, month, year))).

Block 28: Did the insured person stop working? Mark the appropriate block (*nein* (no)) or *sofort* (*immediately*)) or state the *Tag* (day) and *Monat* (month) if the person stopped later.

Block 29: The insured person's work period begins. Enter the time the employee's normal work period begins (*Stunde* (hour), *Minute* (minute)). Complete even if work could not be started.

Block 30: The insured person's work period ends. Enter the time that the employee's regular work period ends, not the time the injured person stopped working because of the accident (*Stunde* (hour), *Minute* (minute)).

Block 31: Accident site. Enter the exact location where the injury occurred using German location designations (for example, parts store, basement of building 110, Patton Barracks). For accidents occurring on the way to or from work, enter the exact street location (for example, intersection *Dorfstraße* and B51, 55213 *Rittersdorf*).

Block 32: Machine involved in accident. Enter the name of the manufacturer, type, model, and year of any equipment involved in the accident.

Block 33: What machine guards were installed or what protective measures were in effect? Describe protective features or guards (for example, handguard, fenced off, warning lights), if they were installed.

Block 34: What personal protective equipment was worn at the time of the accident? Describe protective clothing or equipment used at the time of the accident (for example, safety helmet, safety shoes), if any was worn.

Block 35: What actions have been taken to prevent similar accidents in the future? Must be completed by the employee's supervisor.

Block 36: Who was the first person to learn of the accident? Enter the name and address of the person who witnessed the accident or the name of the first person notified.

Block 37: Detailed description of accident sequence (for traffic accidents include the statement of the investigating police agency). Enter the injured employee's exact duties and describe work being performed at the time of the accident. Include details such as light and weather conditions. For accidents while going to or from work and involving a third party who may be liable, provide the name and address of that party and the name of that person's insurance company.

Block 38: Date. Enter the *Datum* (date) the accident form is being completed and signed.

Block 39: Agency head or deputy. Signature of the employee's supervisor.

Block 40: Works council. Signature of the nearest works council chair or representative. Enter "None" if the employee does not have a servicing works council.

Block 41: Safety Representative. Signature of the employee who is officially assigned this function.

Figure B-1. Instructions for Completing AE Form 385-40A

Enter the complete German civilian mailing address of the employee's reporting unit (where the occupational illness occurred) in the upper left corner. Complete the rest of the form as follows:

Block 1: Membership number. Enter the appropriate organization accident identification code number of the identified unit.

Block 2: Trade Control Office. Leave blank.

Block 3: Agency number assigned by the labor office. Leave blank.

Block 4: Address of the receiver of this notice. Do nothing in this block.

Block 4a: Employment category/employed by. Check the employee's appropriate employment category (NAF (nonappropriated fund) or APF (appropriated fund)); and check the appropriate block designating the employee's agency (U.S. Army, U.S. Air Force, or AAFES).

Block 5: Name (last, first). Enter the name of the insured employee.

Block 6: Insurance number or date of birth. Enter the employee's date of birth (*Tag* (day), *Monat* (month), and *Jahr* (year)) (for example, 29 November 1940 is 29 11 40).

Block 7: Address. Enter the employee's home *Straße* (street address), *PLZ* (postal code), and *Ort* (city).

Block 8: Marital status. Mark the appropriate block to indicate employee's marital status (*ledig* (single), *verheiratet* (married), *verwitwet* (widowed), or *geschieden* (divorced)).

Block 9: Sex. Mark the appropriate block that indicates the sex of the employee (*männlich* (male), *weiblich* (female)).

Block 10: Nationality. Enter the employee's nationality.

Block 11: Number of children. Enter the number of the employee's children *unter 18* (under 18 years old) and the number of children between 18 and 25 years old who are *soweit noch in Ausbildung* (attending school or vocational training).

Block 12: In what position is the insured employee regularly employed? Enter the position title (for example, locksmith, payroll clerk). Do not use titles such as laborer or salaried employee.

Block 13: Since when? Enter the year of the employee's assignment to the position shown in block 12. If unknown, contact the local civilian personnel advisory center.

Block 14: In what branch of the organization is the insured person regularly employed? Enter the branch name (for example, motor pool, reproduction room, supply room). Specify its location (for example, motor pool #3, Kirchheimerweg 4, Heidelberg).

Block 15: Is the insured person a nonassigned loan helper? Check the *nein* block.

Block 16: Is the insured person a minor or under the care of a trustee or guardian? If yes, enter the name and address of the trustee or guardian. If no, check the *nein* block.

Block 17: Is the insured the spouse of the company owner or related to the company owner? Check the *nein* block.

Block 18: Health insurance agency of the insured employee (name and location). If the employee is insured by a statutory health insurance and entitled to monetary benefits, enter the name and location of the agency. In other cases, enter the type of insurance providing benefits to the employee (for example, private insurance, insurance for persons receiving retirement or disability pensions, family aid, voluntary insurance with statutory health insurance).

Block 19: Did the insured employee stop working? If yes, check *ja* and enter the *Tag* (day) and *Monat* (month). If no, check the *nein* block.

Block 20: Did the insured employee return to duty? If yes, check *ja* and enter the *Tag* (day) and *Monat* (month). If no, check the *nein* block.

Block 21: Entitlement to continuation of wages or salary. Enter the *Tag* (day) and *Monat* (month) that the employee's entitlement to full wages or salary ceases. If unknown, contact the local civilian personnel advisory center.

Block 22: What were the complaints of the insured person? Enter specific complaints of the employee.

Block 23: When did they occur for the first time? Enter the day, month, and year the complaint first occurred.

Block 24: To what job-related effects does the insured person attribute the complaints? Enter the employee's opinion as to the source or cause of the complaints.

Block 25: What occupational illness was diagnosed? Enter the doctor's diagnosis.

Block 26: The doctor providing initial treatment. Enter the name and address of the doctor who first treated the employee. **When?** Enter the date of the treatment.

Block 27: The doctor treating the insured person at this time. Enter the name and address of the doctor currently treating the employee.

Block 28: Where is the insured person at this time (at home, in the hospital)? Self-explanatory.

Block 29: Did the insured person die? Self-explanatory.

Block 30: The time of death. Enter the *Tag* (day), *Monat* (month), and *Jahr* (year) of the employee's death. If not applicable, leave blank.

Block 31: Was an autopsy made? If yes, when and by whom? Enter the day and month the autopsy was performed and the name and address of the doctor who conducted the autopsy.

Block 32: In what job was the insured employee engaged to date? Enter the employee's occupation (for example, laboratory technician, X-ray technician, painter).

Block 33: What occupation is considered the cause of the occupational illness? Enter the occupation.

Block 34: When and for how long was the insured employee engaged in this activity? Enter the dates and the length of time the employee was performing this activity.

Block 35: To what hazardous materials and conditions was the insured person exposed? Provide specific information concerning the identity of substance or exposure.

Block 36: Were any occupational medical examinations conducted? If yes, identify by whom and on what date. Describe the results.

Block 37: What technical surveys were made of the workplace of the insured person and what were the results? Identify dates in which surveys were conducted, by whom, and the results.

Block 38: Further information, details (for example, previous instance of a reported occupational illness, similar disease of colleagues). Enter any details that were not covered above.

Signature Area: Enter information or signatures as follows on the--

a. Left side of the form:

(1) On the upper entry line, the head of the agency or an agency representative will fill out the *Ort* (location) of the reporting unit and the date.

(2) On the lower entry line, the *Sicherheitsbeauftragter* (safety representative) who reviews the report will enter his or her signature.

b. Right side of the form:

(1) On the upper entry line, the head of the agency or an agency representative (for example, the supervisor) will enter his or her *unterschrift* (signature).

(2) On the lower entry line, *der betriebsrat personalrat* (the works council representative) will enter his or her *unterschrift* (signature) beneath the agency representative. (If no works council is established at the unit, the agency representative will enter this information instead.)

Figure B-2. Instructions for Completing AE Form 385-40B

APPENDIX C

AVIATION ACCIDENT-INVESTIGATION TOOLKIT

C-1. GENERAL

Aviation units have an authorized accident-investigation toolkit (Toolkit, Aircraft Accident Investigation, National Stock Number 5180-00-903-1049). Division-level safety offices are not authorized to have this kit.

C-2. RECOMMENDED TOOLKIT

a. USAREUR aviation units may supplement their toolkits, and divisions may form accident-investigation kits for their use, as funding allows.

b. The Safety Division, Office of the Deputy Chief of Staff, Personnel and Installation Management, HQ USAREUR/7A, and the United States Army Safety Center (USASC) recommend that the toolkit contain the following:

(1) Notebook computer. As a minimum, a 233-Mhz system with a 2-GB hard-disk drive and 32-MB of memory, a CD-ROM drive, and a Cordura-type (metal) carrying case.

(2) Digital camera with carrying case, extra batteries, and memory modules.

(3) Tools (Leatherman and Gerber tools are available through the Federal supply system).

(4) Microcassette recorder with extra batteries and blank tapes.

(5) Protective equipment.

(a) Leather gloves.

(b) Disposable latex gloves.

(c) Disposable respirators.

(d) First-aid kit.

(e) Tyvek coveralls (2 sets).

(f) Eye protection.

(6) Measuring Devices.

(a) 100-foot (or 30-meter) measuring tape.

(b) Ruler.

(c) Compass.

(7) Lighting devices.

(a) Flashlight (heavy-duty and pocket size). Recommend Mini-Mag type for brightness.

(b) Chemical light sticks.

(8) Miscellaneous items.

(a) Carrying case for investigation kit (for example, rucksack, small suitcase).

(b) Regulations and forms (for example, AR 385-40, DA Pam 385-40, USASC Investigation Handbook, USAREUR Safety compact disks (CDs)).

(c) Unit preaccident plan with current telephone roster.

(d) Local map.

(e) Evidence tags, plastic bundle ties.

(f) Clear plastic zipper-type (locking) bags (various sizes).

(g) Writing materials (for example, paper, pens, pencils, chalk, markers).

(h) Engineer tape, string.

(i) Spare batteries.

(j) Fluid-sample bottles.

(k) Parts-cleaning brush.

(l) Magnifying glass.

(9) The following items should be considered as valuable additions to the kit, but are not required.

(a) Cellular telephone.

(b) Global Positioning Satellite navigation device.

(c) Inclinator.

(d) Camera, 35mm single-lens reflex type (disposable cameras may be used as backups).

(e) Aircraft or vehicle parts manual.

GLOSSARY

Section I

ABBREVIATIONS

7ATC	Seventh Army Training Command
AAFES	Army and Air Force Exchange Service
AAGARS	Automated Abbreviated Ground Accident Report System
APF	appropriated fund
AR	Army regulation
ASG	area support group
BaFU	<i>Bundesausführungsbehörde für Unfallversicherung</i> (Federal Accident Insurance Agency)
CD-ROM	compact disk - read only memory
CG	commanding general
CG, USAREUR/7A	Commanding General, United States Army, Europe, and Seventh Army
DA	Department of the Army
D-doctor	<i>Durchgangsarzt</i> (occupational medical specialist)
DOD	Department of Defense
DOL	Department of Labor
EDTA	ethylenediamine tetraacetic acid
GB	giga-byte (1024 megabytes)
GCMCA	general court-martial convening authority
CG USAREUR/7A	Commanding General, United States Army, Europe, and Seventh Army
GS	General Schedule
HN	host nation
HQ USAREUR/7A	Headquarters, United States Army, Europe, and Seventh Army
LN	local national
MB	megabytes
Mhz	megahertz
ml	milliliter
NAF	nonappropriated fund
NATO	North Atlantic Treaty Organization
NCO	noncommissioned officer
OAICN	organizational accident identification code number (<i>Betriebsnummer</i>)
ODCSPIM	Office of the Deputy Chief of Staff, Personnel and Installation Management, Headquarters, United States Army, Europe, and Seventh Army
POV	privately owned vehicle
SOC 40	safety officer course (40 hours)
SOFA	Status of Forces Agreement
STANAG	standardization agreement
UPUBS	USAREUR Publications System
U.S.	United States
USAREUR	United States Army, Europe
USASC	United States Army Safety Center
WBV	<i>Wehrbereichsverwaltung</i> (German military district administration)

Section II

TERMS

Army accident

An unplanned event, or series of events, that results in injury or illness to either Army or non-Army personnel, or damage to Army or non-Army property as a direct result of Army operations. Accidents that result in more than \$2,000 damage to Army property, or a workday lost by Army personnel, when there is no degree of fault by the Army (military or civilian), are reported and recorded in the Risk Management Information System as recordable accidents.

standardization agreement

A NATO regulation that applies to all NATO member nations.

unhemolyzed

No disintegration of red blood cells.